	CFA-PM-91-4 agust 1991	(BPD)	OMB No: 0938-
State/Territory:		RHODE ISLAND	
Citation	3.1(a) (2)	Amount, Durati Medically Needy	on, and Scope of Services: C (Continued)
1902 (e) (9) o Act	f the 🖊	- · · · · · ·	care services are provided to ventilator dependent as indicated in item 3.1 (h) of this plan.
1905(a)(26) and 1934	<u>x</u>	-	nclusive Care for the Elderly (PACE) services, as nited in Supplement 3 to Attachment 3.1-A.
ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage – that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy As PACE is for the frail elderly population, this also is not applicable for this program.)			
TN No. <u>05-006</u> Supersedes TN No. <u>92-02</u>		Approval Dat	Effective Date10/01/2005 HCFA ID: 7982E